


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) September 8, 2014		Name of Building Owner/Operator (2) Department of Military & Veterans Affairs		Check # 1467	
Agencies Notified		Type Notification		Street Address PO Box 340	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Trenton, NJ 08625-0340 Name of Contact Neil Oberdick	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Veterans Memorial Home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 524 N. West Blvd.				Square Feet 12,000	
City (5) Vineland				# of Floors 2	
County (6) Cumberland				Bldg. Age 115	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence			
Name of Monitoring Firm Hired by Building Owner (8) Whitman Co.		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 7 Pleasant Hill Road		Street Address 623 Cutler Avenue			
City, State, Zip Code Cranbury Township, NJ 08512		City, State, Zip Code Maple Shade, NJ 08052			
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858		Telephone No. 856-755-0099	
License No. 00842					
Start Date (10) September 29, 2014		Scheduled Completion Date (11) October 24, 2014		Name of OSHA Monitor EMSL Laboratories	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 200 Route 130 North	
				City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM). (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Exterior of Old Kitchen Bldg.			XXX	Cement Panels	4,000 SF
Exterior of Old Kitchen Bldg.			XXX	Roof Flashing	1,300 LF
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste 120	Name of Registered Landfill Western Berks Community Landfill
City, State Freehold, NJ		Disposal Date 10/24/2014		City, State Birdsboro, PA	
Completed by Christina Lynch		Title Operations Manager		Signature 	
				Date 9/8/2014	

check # 3477
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State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

2014 SEP 12 11:13 9/9/14		Name of Building Owner/Operator (2) EARTHTECH CONTRACTING	
ASBESTOS CONTROL AGENCY LICENSING <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 155 RT. 50		City, State, Zip Code GREENFIELD N.J. 08230	
Name of Contact BRUCE BREUNIG		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 3221 BAY AVE.		Square Feet 1000	# of Floors 2
City (5) OCEAN CITY, NJ		Bldg Age 40+	
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) KLEMMCO INC.
Street Address _____		Street Address 369 S. SPRUCE AVE.	
City, State, Zip Code _____		City, State, Zip Code MAPLE SHADE, N.J. 08054	
Project Manager for Monitoring Firm _____		Telephone No. 856-779-0422	License No. 00444
Start Date (10) 9/22/14	Scheduled Completion Date (11) 9/29/14	Name of OSHA Monitor JOSEPH KLEMM	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 369 S. SPRUCE AVE.	
		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Scope of Work (Check all that apply)			
<input type="checkbox"/> < 23 sf or < 23 lf <input type="checkbox"/> ≥ 23 sf or ≥ 23 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Enforce Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A _____	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) T ROWS 17 & 18	Amount (Specify SF or LF) 2000.0
			Abatement Type Removal Repair Encapsulation _____
Name of Registered Waste Hauler KLEMMCO INC.		RDEP Waste Hauler ID No. 17924	Name of Registered Landfill C.M.C. M.U.A.
City, State MAPLE SHADE, N.J. 08052		Cubic Yards of Waste 5	City, State WOODBINE, N.J.
Disposal Date _____		Signature Joseph Klemm	
Completed By JOSEPH KLEMM		Title OWNER	Date 9/9/14

CHECK
5428

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) <u>9/9/14</u>		Name of Building Owner/Operator (2) <u>JERRY'S EXCAVATING</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>274 INDIAN TRAIL ROAD</u>		City, State, Zip Code <u>CAPE MAY COURT HOUSE</u>	
Name of Contact <u>JERRY OR CHRIS</u>		Telephone Number <u></u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>45 E. 10TH ST.</u>		Square Feet <u>1000</u>	
City (5) <u>AVALON</u>		# of Floors <u>2</u>	
County (6) <u>CAPE MAY</u>		Bldg Age <u>40+</u>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE.</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Telephone No.		Telephone No. <u>856-779-0422</u>	
License No.		<u>00444</u>	
Start Date (10) <u>9/25/14</u>		Scheduled Completion Date (11) <u>10/2/14</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
		Street Address <u>369 S. SPRUCE AVE.</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRUSSES</u>		Amount (Specify SF or LF) <u>2000 SF</u>	
Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulation <input type="checkbox"/> Other <input type="checkbox"/>			
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJSEP Waste Hauler ID No. <u>17904</u>	
Cubic Yards of Waste <u>5</u>		Name of Registered Landfill <u>C.M.C. M.U.S.</u>	
Disposal Date		City, State <u>WOODBINE, N.J.</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Signature <u>Joseph Klemm</u>	
Date <u>9/9/14</u>			
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>	

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) <u>9/19/14</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77 THASSTOS CONTROL</u>				
		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08213</u>				
		Name of Contact <u>FRANK EDUARDI</u>	Telephone Number _____			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address <u>27 W. 15TH ST.</u>		Square Feet _____	Bldg. Age _____			
City (5) <u>OCEAN CITY</u>		Current Use (Prior if being demolished) <u>VACANT</u>				
County (6) <u>Cape May</u>	Country Code (7) (STATE USE ONLY) _____	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>				
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Street Address <u>369 S. SPRUCE AVE.</u>				
Street Address _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>				
City, State, Zip Code _____		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>			
Project Manager for Monitoring Firm _____		Name of OSHA Monitor <u>JOSEPH KLEMM</u>				
Start Date (10) <u>9/20/14</u>		Scheduled Completion Date (11) <u>9/27/14</u>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>				
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>				
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1000#</u>	Abatement Type		
				Removal	Repair	Encapsulate
				<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste _____	Name of Registered Landfill <u>C.M.C.M.V.A.</u>		
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date _____	City, State <u>WOODBINE, N.J.</u>			
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>9/19/14</u>			

CHECK #
3425

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

2014 SEP 12

ASBESTOS
& LICENSE

Date of Notification (1) <u>9/8/14</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>				
Agencies Notified <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				
Street Address <u>300 77TH ST.</u>		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>				
Name of Contact <u>FRANK EDUARDI</u>		Telephone Number _____				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address <u>315 74TH ST.</u>		Square Feet _____ # of Floors _____ Bldg Age _____				
City (5) <u>AVOLON</u>		Current Use (Prior if being demolished) <u>VACANT</u>				
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY) _____				
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____				
Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>		Street Address <u>369 S. SPRUCE AVE.</u>				
City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>		Telephone No. _____ License No. _____				
Project Manager for Monitoring Firm _____ Telephone No. _____		Name of OSHA Monitor <u>JOSEPH KLEMM</u>				
Start Date (10) <u>9/22/14</u>		Scheduled Completion Date (11) <u>9/29/14</u>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>				
City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>				
Scope of Work (Check all that apply)						
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
<u>SIDING</u>	<u>X</u>	<u>TRANSITE</u>	<u>2800±</u>	<u>X</u>		
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste _____	Name of Registered Landfill <u>C.M.C.M.V.A.</u>			
City, State <u>MAPLE SHADE, N.J.</u>	Disposal Date _____	City, State <u>WOODBINE, N.J.</u>				
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>9/8/14</u>			

RECEIVED

CHECK # 3425

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

2014 SEP 12

ASBESTOS
& LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
9/8/14	EARTHTECH CONTRACTING
Type Notification	Street Address
<input checked="" type="checkbox"/> Initial	155 RT. 50
<input type="checkbox"/> Amended	City, State, Zip Code
<input type="checkbox"/> Amendment #	GREENFIELD N.J. 08230
<input type="checkbox"/> Emergency (including justification)	Name of Contact
<input type="checkbox"/> Cancellation	BRUCE BREUNIG
	Telephone Number

FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
RESIDENCE	<input type="checkbox"/> School (K-12)
Street Address	<input type="checkbox"/> Subchapter S (Other than K-12)
708 9TH ST.	<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)
City (5)	Square Feet
OCEAN CITY	1000
County (6)	# of Floors
CAPE MAY	2
	Bldg Age
	40+
	Current Use (Prior if being demolished)
	VACANT

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
N/A		KLEMCO INC.
Street Address		Street Address
		369 S. SPRUCE AVE.
City, State, Zip Code		City, State, Zip Code
		MAPLE SHADE, N.J. 08052
Project Manager for Monitoring Firm	Telephone No.	Telephone No.
		856-779-0422
		License No.
		00444

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
9/22/14	9/29/14	JOSEPH KLEMM
Occupancy Status During Abatement (Check only one)		Street Address
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		369 S. SPRUCE AVE.
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code
<input type="checkbox"/> Other - Describe		MAPLE SHADE, N.J. 08052

Scope of Work (Check all that apply)	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> 23 SF or 23 II	<input type="checkbox"/> Win. Enclosure
<input type="checkbox"/> 2160 SF or 2260 II	<input type="checkbox"/> Glovebag Procedure
<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Non-Exempted (1) and Non-Enable Procedure
<input checked="" type="checkbox"/> Demolition	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous	Amount (Specify SF or LF)	Abatement Type
SIDING	Yes	TRANSITE	2000	X

Name of Registered Waste Hauler	Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
KLEMCO INC.	17907	5	C.M.C. M.U.A.
City, State	Disposal Date		City, State
MAPLE SHADE, N.J. 08052			WOODBINE, N.J.
Completed By	Title	Signature	Date
JOSEPH KLEMM	OWNER	Joseph Klemm	9/8/14

RECEIVED

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <u>9/8/14</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>	
Agency Notified <u>OS CONTROL & LICENSE</u>		Street Address <u>155 RT. 50</u>	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code <u>GREENFIELD N.J. 08230</u>	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact <u>BRUCE BREUNIG</u>	
		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>424-16 ASBURY AVE</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>OCEAN CITY</u>		Bldg. Age <u>40+</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>
Start Date (10) <u>9/22/14</u>	Scheduled Completion Date (11) <u>9/29/14</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> 20 SF or 23 II <input type="checkbox"/> 2160 SF or 2260 II <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Enforce Procedure	
Location of Asbestos-Containing Material (ACM) IN Facility (12) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Amount: (Specify SF or LF) <u>2000 #</u>		
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>12924</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>		Cubic Yards of Waste <u>5</u>	City, State <u>WOODBINE, N.J.</u>
Disposal Date		Signature <u>Joseph Klemm</u>	Date <u>9/8/14</u>
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>	

Date of Notification (1) 09/09/14		Name of Building Owner/Operator (2) Orange Public Schools	
Agencies Notified	Type Notification	Street Address 451 Lincoln Avenue City, State, Zip Code Orange, NJ 07050	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	Name of Contact Adekunle O. James, Business Admin.	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Telephone Number	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input checked="" type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Heywood Avenue Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 421 Heywood Avenue		Square Feet 50,000	# of Floors 2
City (5) Orange, NJ 07050	County (6) Essex	County Code (7) (STATE USE ONLY)	Bldg. Age 70
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental, Inc.		Name of Abatement Contractor (9) Four Strong Builders, Inc.	
ASCM No. 00127		Street Address 180 Sargeant Avenue	
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Clifton, NJ 07013-1935	
Project Manager for Monitoring Firm Matt Abraham		Telephone Number 973-614-0377	License Number 00807
Telephone Number 610-996-3515		Name of OSHA Monitor Four Strong Builders, Inc.	
Scheduled Start Date (10) 09/19/14	Sched. Completion Date (11) 09/22/14	Street Address 180 Sargeant Avenue	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:		City, State, Zip Code Clifton, NJ 07013	

Scope of Work (Check all that apply)

☐ Demolition
☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation

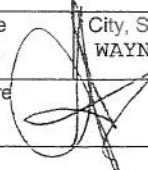
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R	E	N	E	
Boiler Room	<input checked="" type="checkbox"/>	Breeching	50 SF	<input checked="" type="checkbox"/>				
Boiler Room	<input checked="" type="checkbox"/>	Pipe, Pipe Fittings & Large Valves	50 LF	<input checked="" type="checkbox"/>				
Boiler Room	<input checked="" type="checkbox"/>	Header Piping	20 LF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Four Strong Builders, Inc.	NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.
City, State Clifton, NJ		Disposal Date	City, State Tullytown, PA
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 9/9/14

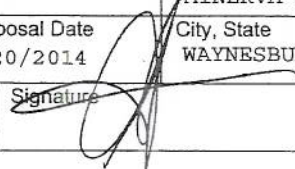
NO CK

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 09/09/2014		Name of Building Owner/Operator (2) 1500 TEANECK ROAD, LLC		<div style="text-align: right;"> RECEIVED 2014 SEP 12 AM 1:52 ASBESTOS CONTROL & LICENSING </div>	
Agencies Notified	Type Notification	Street Address 173 BRIDGE PLAZA NORTH			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code FORT LEE, NJ 07024 Name of Contact JOSHUA SLEPIAN			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Street Address 1500 TEANECK ROAD			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) TEANECK		Square Feet 100,000		# of Floors 3	Bldg. Age 50+
County (6) BERGEN		County Code (7) (STATE USE ONLY) NJ		Current Use (Prior if being demolished) VACANT (PRIOR USE COMMERCIAL)	
Name of Monitoring Firm Hired by Building Owner (8) CONSULTING & TESTING SERVICES, INC (CTSI)		ASCM No. 00109		Name of Abatement Contractor (9) PAL ENVIRONMENTAL SERVICES	
Street Address 237 WEST 35TH STREET SUITE 805		Street Address 11-02 QUEENS PLAZA SOUTH			
City, State, Zip Code NEW YORK, NY 10001		City, State, Zip Code LONG ISLAND CITY, NY 11101			
Project Manager for Monitoring Firm FARHOOD SELAMIE		Telephone No. 212-929-3451		Telephone No. 718-349-0900	License No. 00853
Start Date (10) POSTPONED		Scheduled Completion Date (11) 12/16/2014		Name of OSHA Monitor MARTIN MCREA	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 714 KENNEDY BLVD	
				City, State, Zip Code BAYONNE, NJ 07002	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
SEE ATTACHED LIST					
Name of Registered Waste Hauler ATC/TST		NJDEP Waste Hauler ID No. 24310/19551		Cubic Yards of Waste 30	Name of Registered Landfill MINERVA ENTERPRISES
City, State SHIRLEY, NY 11967/BRONX, NY 10464		Disposal Date 9/20/2014		City, State WAYNESBURG, OH 44688	
Completed by ANN ALI		Title ADMINISTRATIVE		Signature 	Date 09/09/2014

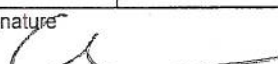
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

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Date of Notification (1) 09/02/2014		Name of Building Owner/Operator (2) 1500 TEANECK ROAD, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 173 BRIDGE PLAZA NORTH							
		City, State, Zip Code FORT LEE, NJ 07024							
		Name of Contact JOSHUA SLEPIAN							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 1500 TEANECK ROAD		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) TEANECK	Square Feet 100,000	# of Floors 3	Bldg. Age 50+						
County (6) BERGEN	County Code (7) (STATE USE ONLY) <u>NJ</u>	Current Use (Prior if being demolished) VACANT (PRIOR USE COMMERCIAL)							
Name of Monitoring Firm Hired by Building Owner (8) CONSULTING & TESTING SERVICES, INC (CTSI)		ASCM No. 00109	Name of Abatement Contractor (9) PAL ENVIRONMENTAL SERVICES						
Street Address 237 WEST 35TH STREET SUITE 805		Street Address 11-02 QUEENS PLAZA SOUTH							
City, State, Zip Code NEW YORK, NY 10001		City, State, Zip Code LONG ISLAND CITY, NY 11101							
Project Manager for Monitoring Firm FARHOOD SELAMIE		Telephone No. 212-929-3451	Telephone No. 718-349-0900 License No. 00853						
Start Date (10) 09/16/2014	Scheduled Completion Date (11) 12/16/2014		Name of OSHA Monitor MARTIN MCREA						
Occupancy Status During Abatement (Check Only One)		Street Address 714 KENNEDY BLVD							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code BAYONNE, NJ 07002							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED LIST									
Name of Registered Waste Hauler ATC/TST		NJDEP Waste Hauler ID No. 24310/19551	Cubic Yards of Waste 30	Name of Registered Landfill MINERVA ENTERPRISES					
City, State SHIRLEY, NY 11967/BRONX, NY 10464		Disposal Date 9/20/2014		City, State WAYNESBURG, OH 44688					
Completed by ANN ALI		Title ADMINISTRATIVE		Signature 				Date 09/02/2014	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 9/10/14		Name of Building Owner/Operator (2) Anne Clark Private Home		2014 SEP 12 AM 1:49					
Agencies Notified	Type Notification	Street Address 10 E. South 34St		ASBESTOS CONTROL & LICENSING					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Beach Haven Gardens NJ 08008							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Anne		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Anne Clark Private Home			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 10 E. South 34St									
City (5) Beach Haven Gardens NJ 08008			Square Feet 1000+	# of Floors 2	Bldg. Age 35+				
County (6) Ocean		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800	License No. 00727					
Start Date (10) 9/11/14		Scheduled Completion Date (11) 9/15/14		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1800 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ				Disposal Date 9/15/14	City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature 		Date 9/10/14			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

25114

2014 SEP 12 AM 1:51

**ASBESTOS CONTROL
& LICENSING**

Date of Notification (1) September 9, 2014		Name of Building Owner/Operator (2) Patricia Glynn	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 528 Craig Road City, State, Zip Code Manalapan, NJ 07726 Name of Contact Patricia Glynn	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 528 Craig Road			Square feet 2000 sf		
City Manalapan	County (6) Monmouth	County Code (7) (STATE USE ONLY)	# of Floors 2	Bldg. Age 80	
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code Toms River, NJ 08755		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 9/9/14		Scheduled Completion Date (11) 9/10/14		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Basement		X		Asbestos pipe insulation	150 lf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 9/11/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 9/9/2014

*Do not use this form for asbestos licensure exempted activities.

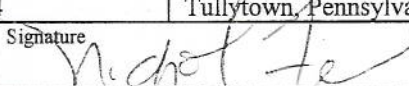
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) September 9, 2014		Name of Building Owner/Operator (2) VB Construction Services	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	1727 Raritan Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	City, State, Zip Code Clark, NJ 07066	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact John Vizzoni	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building			Type of Facility (4)		
Street Address 434 Springfield Avenue			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Summit			County (6) Union		
Square feet 2000 sf			# of Floors 2		Bldg. Age 60
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 9/9/14		Scheduled Completion Date (11) 9/11/14			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Name of OSHA Monitor E.M.S.L. Analytical		
			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement		X		Asbestos pipe insulation	60 lf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 9/12/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 9/9/2014

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PAGE 03/04

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MO#22302806253

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 8:16)

DOL 2014 SEP 12

Date of Notification (1) 09 / 08 / 14		Name of Building Owner/Operator (2) Mr. Sleet	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 Budhallow Lane City, State, Zip Code Willingboro, NJ 08046 Name of Contact Valerie Smith Telephone Number	

ASBESTOS CONTROL & LICENSING
 WAIVER APPROVED

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house Street Address 33 Budhallow Lane City (5) Willingboro, NJ 08046 County (6) Burlington		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age
County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code	ASCM No. Name of Abatement Contractor (9) Or Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127	
Project Manager for Monitoring Firm Telephone No.	Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410	
Start Date (10) 09 / 09 / 14	Scheduled Completion Date (11) 09 / 10 / 14	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM		

Scope of Work (Check all that apply)	
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >250 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First floor-kitchen and living room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drywall ceiling	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Or Tech LLC City, State Wayne, NJ 07470	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc. City, State Tullytown, PA
Completed By (Print or Type) N. Javlic	Title Owner	Signature <i>N. Javlic</i>	Date 09/08/2014

ASB-41
MAY 11

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2014 SEP 12 AM 1:06
 ASBESTOS CONTROL & LICENSING

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

MO#21901447800

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Date of Notification (1) 09 / 09 / 14		Name of Building Owner/Operator (2) Marek Kowalczyk		2014 SEP 12 AM 1:06					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 230 Crescent Avenue City, State, Zip Code Wyckoff, NJ 07481		ASBESTOS CONTROL & LICENSING					
		Name of Contact Marek Kowalczyk							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 230 Crescent Avenue City (5) Wyckoff, NJ 07481 County (6) Bergen			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age						
County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. Gr Tech LLC 576 Valley Rd #283 Wayne, NJ 07470	Name of Abatement Contractor (9) Street Address City, State, Zip Code Telephone No. License No.						
Project Manager for Monitoring Firm Telephone No.		973-638-1777	01127						
Start Date (10) 09 / 18 / 14		Scheduled Completion Date (11) 09 / 19 / 14							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	65 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>Hebe Wernad</i>		Date 09/09/2014				

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

CR # 2698

Date of Notification (1) 7/16/14		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS		RECEIVED					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#2-9/8/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1700 Riverton Road							
		City, State & Zip Code Cinnaminson NJ 08077		2014 SEP 12 AM 1:07					
		Name of Contact ALEX BAYLOR		ASBESTOS CONTROL & LICENSING					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RIVERTON CENTRAL OFFICE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1700 RIVERTON ROAD			Square Feet 17000	# of Floors 2	Bldg. Age				
City (5) CINNAMINSON	County (6) Burlington	County Code (7)	Current Use (Prior if being demolished) COMMUNICATIONS						
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC						
Street Address 8436 ENTERPRISE AVE			Street Address 1123 BEAVER STREET						
City, State & Zip Code PHILADELPHIA PA 19153			City, State & Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm MARK JENKINS		Telephone Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509					
Scheduled Start Date (10) 9/15/14		Scheduled Completion Date (11) 9/26/14		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM -1:00 AM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET						
			City, State & Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Cable Vault	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT & MASTIC	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Battery Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT & MASTIC	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 20	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) PATRICK T. DeCaro		Title PROJ. MGR.	Signature <i>Patrick T. DeCaro</i>				Date 7/16/14		

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/16/14		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED 2014 SEP 12 AM 1:07 ASBESTOS CONTROL & LICENSE </div>					
Agencies Notified	Type Notification	Street Address 1700 Riverton Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1-8/1/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Cinnaminson NJ 08077							
		Name of Contact ALEX BAYLOR		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RIVERTON CENTRAL OFFICE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1700 RIVERTON ROAD			Square Feet 17000	# of Floors 2	Bldg. Age				
City (5) CINNAMINSON	County (6) Burlington	County Code (7)	Current Use (Prior if being demolished) COMMUNICATIONS						
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC						
Street Address 8436 ENTERPRISE AVE		Street Address 1123 BEAVER STREET							
City, State & Zip Code PHILADELPHIA PA 19153		City, State & Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MARK JENKINS		Telephone Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509					
Scheduled Start Date (10) ON HOLD	Scheduled Completion Date (11)		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5:00 PM - 1:00 AM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET						
			City, State & Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 20	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) PATRICK T. DeCaro		Title PROJ. MGR.	Signature <i>Patrick T. DeCaro / jk</i>		Date 7/16/14				

Ch # 2665

PD 14032

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
CHECK # 10922

Date of Notification (1) 9-8-14		Name of Building Owner/Operator (2) Venti Realty		2014 SEP 12 AM 1:00	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 660 North Kings Highway City, State, Zip Code Cherry Hill, NJ Name of Contact Giuseppe Ventimiglia Telephone Number 856-251-9980	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Venti Realty			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 660 North Kings Highway			Square Feet 10,000		
City (5) Cherry Hill			# of Floors 2		Bldg. Age 65yrs.
County (6) Camden		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Bank Building	
Name of Monitoring Firm Hired by Building Owner (8) PT Consultants, Inc.		ASCN No. _____		Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.	
Street Address 629 Creek Road		Street Address 923 Haws Avenue			
City, State, Zip Code Bellmawr, NJ 08031		City, State, Zip Code Norristown, PA 19401			
Project Manager for Monitoring Firm Brad Summerville		Telephone No. 856-251-9980		License No. 00398	
Start Date (10) 9-20-14		Scheduled Completion Date (11) 9-22-14		Name of OSHA Monitor Plymouth Environmental Co., Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 923 Haws Avenue	
				City, State, Zip Code Norristown, PA 19401	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
2nd floor		x		wall plaster	80 SF
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304		Cubic Yards of Waste 5	
City, State Voorhees, NJ		Disposal Date 9-22-14		Name of Registered Landfill GROWS Landfill	
City, State Tullytown, PA					
Completed by James Kelly		Title President		Signature <i>James Kelly</i> Date 9-8-14	

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Check #2768

GAC Project # 060-14

<u>Date of Notification (1)</u> September 9, 2014		<u>Name of Building Owner/Operator (2)</u> RUTGERS, THE STATE UNIVERSITY OF NJ	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<u>Street Address</u> ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		<u>City, State, Zip Code</u> PISCATAWAY, NJ 08854	
		<u>Name of Contact</u> MICHAEL SMITH, ENV. HEALTH & SAFETY	<u>Telephone Number</u>
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> LUCY STONE BLDG# 4153		<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
<u>Street Address</u> LIVINGSTON CAMPUS		<u>Sq. Feet:</u> N/A <u># of Floors:</u> 2 <u>Bldg. Age:</u> 60+ years	
<u>City (5)</u> PISCATAWAY	<u>County (6)</u> MIDDLESEX	<u>County Code (7) (State Use Only)</u>	<u>Current Use (prior if being demolished):</u> ACADEMIC
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATC ASSOCIATES		<u>ASCM No.</u> 0098	<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.
<u>Street Address</u> 3 TERRI LANE		<u>Street Address</u> 268 MAIN STREET	
<u>City, State, Zip Code</u> BURLINGTON, NJ 08016		<u>City, State, Zip Code</u> BUTLER, NJ 07405	
<u>Project Manager for Monitoring Firm</u> BRIAN KEARNEY	<u>Telephone Number</u> 609-386-8800	<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 00840
<u>Scheduled Start Date (10)</u> 09/19/14	<u>Scheduled Completion Date (11)</u> 9/20/14	<u>Name of OSHA Monitor</u> 1 ENVIROVISION, INC.	
<u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 5:00PM - 5:00AM		<u>Street Address</u> 20-21 WARGARAW ROAD <u>City, State, Zip Code</u> FAIRLAWN, NJ	
<u>Scope of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure -WRAP & CUT <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> MER A018	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/>	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> TSI	<u>Amount (Specify SF or LF)</u> <9LF <u>Abatement Type</u> Remove <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose <input type="checkbox"/>
<u>Name of Reg. Waste Hauler</u> See Hauler Below #1 & 2		<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> 5 CY <u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969		<u>Disposal Date</u> 9/20/14	<u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990			
<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> September 9, 2014

RECEIVED
2014 SEP 12 AM 11:00
NJ DEPT OF ENVIRONMENTAL CONTROL
ASBESTOS CONTROL

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

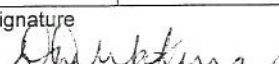
CHECK # 1071

RECEIVED

Date of Notification (1) 09/08/2014		Name of Building Owner/Operator (2) Jose Fernandez							
Agencies Notified	Type Notification	Street Address 167 Goodwin Ave.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07112							
		Name of Contact Jose Fernandez							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)							
Street Address 167 Goodwin Ave.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		Square Feet 1,900 +	# of Floors 2						
		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address		Street Address 1087 Pleasant Valley Way							
City, State, Zip Code		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01232						
Start Date (10) 9/22/2014	Scheduled Completion Date (11) 9/23/2014	Name of OSHA Monitor Envirovision Consultants Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 20-21 Wagaraw Rd. - Bldg.35E							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	50 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Freehold, New Jersey		Disposal Date TBD		City, State Morrisville, Pennsylvania					
Completed by Blagica Nikolova		Title President		Signature <i>B. Nikolova</i>			Date 09/08/2014		

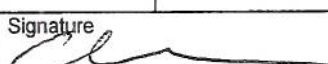
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) <div style="text-align: center;">09 / 05 / 14</div>		Name of Building Owner/Operator (2) Clorox Services Company							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 301 Mantua Avenue							
		City, State, Zip Code Paulsboro, NJ 08066							
		Name of Contact Ed Burns	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Clorox Services Company		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 301 Mantua Avenue		Square Feet 115000	# of Floors 1						
City (5) Paulsboro		Bldg. Age +/- 50							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		Name of Abatement Contractor (9) USA Environmental Management, Inc.							
Street Address 3370 Progress Drive, Suite J		Street Address 8436 Enterprise Avenue							
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Mike Panepresso	Telephone No. 215-244-1300	Telephone No. 215-365-5810	License No. 1156						
Start Date (10) 9 / 19 / 14	Scheduled Completion Date (11) 10 / 19 / 14	Name of OSHA Monitor USA Environmental Management, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-3:30PM PM-____ AM		Street Address 8436 Enterprise Avenue							
		City, State, Zip Code Philadelphia, PA 19153							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Production Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic	1925 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Production Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power House & Production Bldg	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof flashing & wall mastic	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Glazing	40 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler USA Environmental Management, Inc		NJDEP Waste Hauler ID No. 32610	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Landfill					
City, State Philadelphia, PA		Disposal Date 10/19/2014		City, State Waynesburg, OH					
Completed By (Print or Type) Dilip Kumar	Title Program Manager		Signature 			Date 9-5-14			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

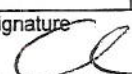
CK 4850 EIVED

Date of Notification (1) 9/9/14		Name of Building Owner/Operator (2) City of Camden		2014 SEP 12 AM 1:11					
Agencies Notified		Type Notification		Street Address 501 Market St					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Camden NJ 08101					
Name of Contact Rueben Perez				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) City of Camden Department of Public Works Facility				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 101 Newton Street				Square Feet 50,000+					
City (5) Camden NJ 08101				# of Floors 3					
County (6) Camden				Bldg. Age 70					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No. 00003		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address 1253 North Church Street		Street Address PO Box 329							
City, State, Zip Code Moorestown NJ 08057		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm James Guillard		Telephone No. 856-840-8800		License No. 00727					
Start Date (10) 9/11/14		Scheduled Completion Date (11) 9/15/14		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Nights & weekend after 3 PM / occupied				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Hallway	x			Pipe insulation	75 lf	x			
Name of Registered Waste Hauler Pernaco Inc.		NJDEP Waste Hauler ID No. 21787		Cubic Yards of Waste 3		Name of Registered Landfill G.R.O.W.S.			
City, State West Berlin NJ		Disposal Date 9/15/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 9/9/14			

Emergency

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CKE 4353
RECEIVED

Date of Notification (1) 9/9/14		Name of Building Owner/Operator (2) Bill Pilling Private Home		2014 SEP 12 AM 1:12					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 219 east Essex Ave City, State, Zip Code Beach Haven NJ 08008 Name of Contact Bill Telephone Number 609 225 2400					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bill Pilling Private Home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 219 east Essex Ave				Square Feet 1000+					
City (5) Beach Haven NJ 08008				# of Floors 2					
County (6) Ocean				Bldg. Age 35+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. .		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address				Street Address PO Box 329					
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800					
Start Date (10) 9/10/14		Scheduled Completion Date (11) 9/12/14		License No. 00727					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Name of OSHA Monitor Same					
Street Address				City, State, Zip Code					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1800 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3		Name of Registered Landfill G.R.O.W.S.			
City, State Elm NJ		Disposal Date 9/12/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 9/9/14			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

NO CK

Date of Notification (1) 9/11/14		Name of Building Owner/Operator (2) Federal Aviation Administration		RECEIVED					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation		One Aviation Plaza City, State, Zip Code Jamaica, NY 11434 Name of Contact Michael Mulligan					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Teterboro Air Traffic Control Tower				Type of Facility (4)					
Street Address 225 Fred Wehran Drive				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Teterboro				Square Feet 5,000	# of Floors 6				
County (6) Bergen				Bldg. Age 40 years					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Control Tower							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No.		Name of Abatement Contractor (9) ecoservices, LLC					
Street Address 28 N. Pennell Road		Street Address 407 W. Lincoln Highway, Suite 500							
City, State, Zip Code Media, PA 19063		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 610-891-0114		Telephone No. 484-872-8884	License No. 01161				
Start Date (10) 9/3/14		Scheduled Completion Date (11) 12/31/14		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One)				Street Address 200 Route 130 North					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>After midnight</u>				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 138 SF	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
Elevator Machine Room		Yes	No	N/A		X			
Name of Registered Waste Hauler ecoservices, LLC		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 3	Name of Registered Landfill GROWS Landfill				
City, State Exton, PA		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>			Date 9/11/14		

CK 006321

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2014-335

RECEIVED

Date of Notification (1) 10/8/14		Name of Building Owner/Operator (2) NICK JANULIS		2014 SEP 12 AM 4:16	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2 RIDGE TERRACE City, State, Zip Code WEST CALDWELL, NJ 07006	
Name of Contact NICK JANULIS				Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) NICK JANULIS			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 2 RIDGE TERRACE			Square Feet # of Floors Bldg. Age		
City (5) WEST CALDWELL	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 08/26/14		Sched. Completion Date (11) 09/11/14	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		BOILER INSULATION	50 SQ FT	X			
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY				
City, State PATERSON, NJ 07503		Disposal Date 08/27/14		City, State TULLYTOWN, PA					
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature			Date 08/14/ 2014		

CK 006323

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2014-337

RECEIVED

2014 SEP 12 AM 4:15

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/18/14		Name of Building Owner/Operator (2) NORTON NICHOLS	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 198 RODNEY STREET City, State, Zip Code GLEN ROCK, NJ 07452	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact NORTON NICHOLS Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) NORTON NICHOLS Street Address 198 RODNEY STREET City (5) GLEN ROCK County (6) BERGEN County Code (7) (State use only)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)
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Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 08/27/14 Sched. Completion Date (11) 09/11/14 Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 License Number 01169 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503
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Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure
--	--	---

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	94 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/28/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 08/15/2014

1K 006322

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2014-336

RECEIVED

Date of Notification (1) 10/18/15		Name of Building Owner/Operator (2) PAM STRICKLEND		2014 SEP 12 AM 4:15	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 195 SANDFORD AVENUE City, State, Zip Code NO. PLAINFIELD, NJ 07060	
Name of Contact PAM STRICKLEND				Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) PAM STRICKLEND			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 195 SANDFORD AVENUE			Square Feet		
City (5) NO. PLAINFIELD		County (6) UNION	County Code (7) (State use only)		# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 08/28/14		Sched. Completion Date (11) 09/12/14	License Number 01169	
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

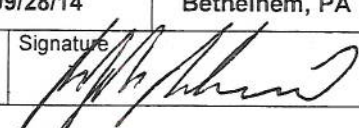
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	15 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BOILER INSULATION	40 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 08/29/14		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 08/14/2014

CK 23810

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

RECEIVED

Date of Notification (1) <div style="display: flex; justify-content: space-around;">091114</div>		Name of Building Owner/Operator (2) Bank of America							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1128 Walnut Street							
		City, State, Zip Code Philadelphia, PA 19107							
		Name of Contact John Luxford	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 128 Hudson Street									
City (5) Hoboken, NJ		Square Feet 10,000	# of Floors 1						
County (6) Hudson		County Code (7)(STATE USE ONLY)	Bldg. Age 30						
Name of Monitoring Firm Hired by Building Owner (8) New York Environmental		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 88 Harbor Road		Street Address 47 Foster Road							
City, State, Zip Code Port Washington, NY 11050		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Mike Baudo		Telephone No. 516-944-9500	License No. 00774						
Start Date (10) <div style="display: flex; justify-content: space-around;">092014</div>	Scheduled Completion Date (11) <div style="display: flex; justify-content: space-around;">092814</div>	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: Saturday and Sunday AM-1:00pm to 9:00 pm PM/8:00 am to 8:00PM- AM		Street Address 10 59 Jackson Avenue							
		City, State, Zip Code LIC, NY 11101							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Mens and Ladies Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Mastic	380SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Teller Line	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Mens and Ladies Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall Mastic	480 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 15	Name of Registered Landfill IESI					
City, State Newark, NJ		Disposal Date 09/28/14		City, State Bethlehem, PA					
Completed By (Print or Type) Ralph Barnhardt	Title Project Manager		Signature 			Date 09-11-14			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

OK 1155

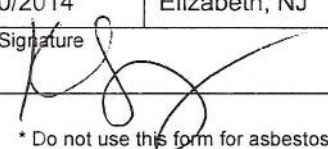
2014 SEP 12 AM 4:11

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/8/2014		Name of Building Owner/Operator (2) The DeNovo Group							
Agencies Notified	Type Notification	Street Address 1302 West Randolph Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Chicago, IL 60607							
		Name of Contact Todd King	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) DeNovo New Brunswick, LLC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 760 Jersey Ave		Square Feet 310,000	# of Floors 1						
City (5) New Brunswick		Bldg. Age 68 yrs							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) Amerco Engineering		ASCM No.	Name of Abatement Contractor (9) Shoreline Contracts Inc.						
Street Address 204 E. Jefferson Street		Street Address 85 Kero Road							
City, State, Zip Code Valparaiso, Indiana 46383		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm John Blosky		Telephone No. (219) 531-0531	License No. 01230						
Start Date (10) 06/30/2014	Scheduled Completion Date (11) 09/30/2014	Name of OSHA Monitor Wojciech Michalik							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 85 Kero Road							
		City, State, Zip Code Carlstadt, New Jersey 07072							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
office/mezzanine area	x			VAT Floor Tile	12,000 SF	x			
office/mezzanine area	x			Transite Panel	800 SF	x			
office/mezzanine area	x			Pipe Insulation	300 LF	x			
office Area	x			Mastic	8500	x			
Name of Registered Waste Hauler Asbestos Transportation Company, INC.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 485.19	Name of Registered Landfill Cycle Chem, Inc.					
City, State Shirley, NY			Disposal Date 05/30/2014	City, State Elizabeth, NJ					
Completed by Michael Colman		Title President	Signature	Date 9/8/2014					

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Pass 2
RECEIVED

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	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
roofing	X			roofing material, mastic	46000 SF	X			
Name of Registered Waste Hauler Asbestos Transportation Company, INC.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 485.19	Name of Registered Landfill Cycle Chem, Inc.					
City, State Shirley, NY		Disposal Date 05/30/2014		City, State Elizabeth, NJ					
Completed by Michael Colman		Title President		Signature 			Date 9/8/2014		